

Mailing List Form

(For Office Use Only)			
Mailing List ID	First Name	Last Name	Title
Organization/Company Name			
Type of Business			
Mailing Address			
Street/P.O. Box			
		-	(For Office Use Only)
City	State	Postal Code	Region
()	()		
Work Phone	Fax Number	E-mail Address	
Please include me on DOLI's: [Mark an X to the appropriate box(es)]			
Mailing List	Conference List	Vendor List	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	

Print, Fax this form to: (804) 786-8418 Attention: Cooperative Programs; or Mail to: Commonwealth of Virginia
 Department of Labor & Industry
 13 South Thirteenth St., Richmond, VA 23219